

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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49						
60						
TOTAL IND.	2					
TOTAL DEP.	18					
TOTAL	20					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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62						
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TOTAL IND.						
TOTAL DEP.						
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